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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> | Attorney Docket No.                            | 83317/00004   | Total Pages | 30 |
|   | First Named Inventor or Application Identifier |               |             |    |
|   | Smith  |               |             |    |
| Express Mail Label No.  |  | EL344384639US |             |    |

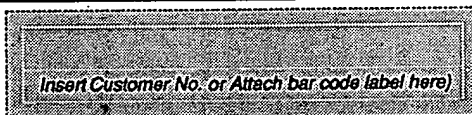
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| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning utility patent application contents.</small> | <b>ADDRESS TO:</b><br>Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231 |
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| <p>1. <input checked="" type="checkbox"/> <b>Fee Transmittal Form</b><br/>(Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> <b>Specification</b> [Total Pages <b>15</b>]<br/>(preferred arrangement set forth below)<br/>- Descriptive title of the invention<br/>- Cross References to Related Applications<br/>- Statement Regarding Fed sponsored R &amp; D<br/>- Reference to Microfiche Appendix<br/>- Background of the invention<br/>- Brief Summary of the invention<br/>- Brief Description of the Drawings (if filed)<br/>- Detailed Description<br/>- Claim(s)<br/>- Abstract of the Disclosure</p> <p>3. <input checked="" type="checkbox"/> <b>Drawing(s)</b> (35 USC 113) [Total Sheets <b>5</b>]</p> <p>4. <input checked="" type="checkbox"/> <b>Oath or Declaration</b> [Total Pages <b>2</b>]<br/>a. <input checked="" type="checkbox"/> Newly executed (original or copy)<br/>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/>(for continuation/divisional with Box 17 completed)<br/>[Note Box 5 below]<br/>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> <b>Incorporation by Reference</b> (useable if Box 4b is checked)<br/>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> | <p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)<br/>a. <input type="checkbox"/> Computer Readable Copy<br/>b. <input type="checkbox"/> Paper Copy (identical to computer copy)<br/>c. <input type="checkbox"/> Statement verifying identity of above copies</p> |
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**ACCOMPANYING APPLICATION PARTS**

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|--|--|
| 8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))                         |  |
| 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)                             | <input type="checkbox"/> Power of Attorney   |
| 10. <input type="checkbox"/> English Translation Document (if applicable)                                    |  |
| 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449                                 | <input type="checkbox"/> Copies of IDS Citations   |
| 12. <input type="checkbox"/> Preliminary Amendment   |  |
| 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) |  |
| 14. <input checked="" type="checkbox"/> Small Entity Statement(s)  | <input type="checkbox"/> Statement filed in prior application, Status still proper and desired |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)         |  |
| 16. <input type="checkbox"/> Other:  |  |

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No:**18. CORRESPONDENCE ADDRESS**☐ Customer Number or Bar Code Labelor ☒ Correspondence address below


|         |                             |           |                |                |                |
|---------|-----------------------------|-----------|----------------|----------------|----------------|
| NAME    | Harter, Secrest & Emery LLP |           | ATTN:          | John E. Thomas |                |
| ADDRESS | 700 Midtown Tower           |           |                |                |                |
| CITY    | Rochester                   | STATE     | New York       | ZIP CODE       | 14604          |
| COUNTRY | United States               | TELEPHONE | (716) 232-6500 | FAX            | (716) 232-2152 |

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| <b>FEE TRANSMITTAL</b><br><br><i>Note: Effective October 1, 1997.<br/>Patent fees are subject to annual revision.</i> |       | <b>Complete if Known</b> |             |
|   |       | Application Number       |             |
|   |       | Filing Date              |             |
|   |       | First Named Inventor     | Smith       |
|   |       | Group Art Unit           |             |
|   |       | Examiner Name            |             |
|   |       | Attorney Docket Number   | 83317/00004 |
| TOTAL AMOUNT OF PAYMENT   | \$558 |                          |             |

| <b>METHOD OF PAYMENT (check one)</b>  |              |  |          | <b>3. ADDITIONAL FEES</b>  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
|---|--------------|--|----------|--|--------------|--------------|--|-----------------|--------------|--|--|--------|---|--|--------|---|--|--------|---|---|--------|--------------|---|---|--------|--|-----|--------|---|-----|--------|--|-----|-----------------------------------|---|-----|---------|--|---------------------------|--------|---|----------|--------|---|-----|--------|---|-----|---|---|-----|---------|--|--------------|--------|---|-----|----------|---|-----|--------|---|-----|--------|---|-----|--------|--|-----|--------|--|-----|--------|--|-----|--------|--|-----|--------|---|-----|---------|--|-----|--------|---|-----|--------|----------------------|--|--|----------------------|--|--|------------------------------------|--|--|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br><br>Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">03-3875</span><br><br>Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Cumpston &amp; Shaw</span><br><br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance  |              |  |          | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Fee Description</th> <th style="width: 10%;">Fee Code</th> <th style="width: 30%;">Fee Paid</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Surcharge - late filing fee or oath</td><td>205</td><td>\$0.00</td></tr> <tr><td><input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet.</td><td>227</td><td>\$0.00</td></tr> <tr><td><input type="checkbox"/> Non-English specification</td><td>139</td><td>\$0.00</td></tr> <tr><td><input type="checkbox"/> For filing a request for reexamination</td><td>147</td><td>\$0.00</td></tr> <tr><td><input type="checkbox"/> Requesting publication of SIR prior to Examiner action *</td><td>112</td><td>\$0.00</td></tr> <tr><td><input type="checkbox"/> Requesting publication of SIR after Examiner action *</td><td>113</td><td>\$0.00</td></tr> <tr><td><input type="checkbox"/> Extension for reply within first month</td><td>215</td><td>\$0.00</td></tr> <tr><td><input type="checkbox"/> Extension for reply within second month</td><td>216</td><td>\$0.00</td></tr> <tr><td><input type="checkbox"/> Extension for reply within third month</td><td>217</td><td>\$0.00</td></tr> <tr><td><input type="checkbox"/> Extension for reply within fourth month</td><td>218</td><td>\$0.00</td></tr> <tr><td><input type="checkbox"/> Extension for reply within fifth month</td><td>228</td><td>\$0.00</td></tr> <tr><td><input type="checkbox"/> Notice of Appeal</td><td>219</td><td>\$0.00</td></tr> <tr><td><input type="checkbox"/> Filing a brief in support of an appeal</td><td>220</td><td>\$0.00</td></tr> <tr><td><input type="checkbox"/> Request for oral hearing</td><td>221</td><td>\$0.00</td></tr> <tr><td><input type="checkbox"/> Petition to institute a public use proceeding</td><td>138</td><td>\$0.00</td></tr> <tr><td><input type="checkbox"/> Petition to revive - unavoidable</td><td>240</td><td>\$0.00</td></tr> <tr><td><input type="checkbox"/> Petition to revive - unintentional</td><td>241</td><td>\$0.00</td></tr> <tr><td><input type="checkbox"/> Utility issue fee (or reissue)</td><td>242</td><td>\$0.00</td></tr> <tr><td><input type="checkbox"/> Design issue fee</td><td>243</td><td>\$0.00</td></tr> <tr><td><input type="checkbox"/> Plant issue fee</td><td>244</td><td>\$0.00</td></tr> <tr><td><input type="checkbox"/> Petitions to the Commissioner</td><td>122</td><td>\$0.00</td></tr> <tr><td><input type="checkbox"/> Petitions related to provisional applications</td><td>123</td><td>\$0.00</td></tr> <tr><td><input type="checkbox"/> Submission of Information Disclosure Stmt</td><td>126</td><td>\$0.00</td></tr> <tr><td><input checked="" type="checkbox"/> Recording each patent assignment per property<br/>Number of properties <span style="border: 1px solid black; padding: 0 5px;">1</span></td><td>581</td><td>\$40.00</td></tr> <tr><td><input type="checkbox"/> Filing a submission after final rejection (37 CFR 1.129(a))</td><td>246</td><td>\$0.00</td></tr> <tr><td><input type="checkbox"/> For each additional invention to be examined (37 CFR 1.129(b))</td><td>249</td><td>\$0.00</td></tr> <tr><td colspan="3">Other Fee (specify):</td></tr> <tr><td colspan="3">Other Fee (specify):</td></tr> <tr> <td colspan="2" style="text-align: right;">* Reduced by Basic Filing Fee Paid</td> <td style="text-align: right;">SUBTOTAL (3) <span style="border: 1px solid black; padding: 2px;">\$40.00</span></td> </tr> </tbody> </table> |              |              |  | Fee Description | Fee Code     | Fee Paid                                   | <input type="checkbox"/> Surcharge - late filing fee or oath | 205    | \$0.00                                    | <input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet. | 227    | \$0.00                                      | <input type="checkbox"/> Non-English specification | 139    | \$0.00  | <input type="checkbox"/> For filing a request for reexamination | 147    | \$0.00       | <input type="checkbox"/> Requesting publication of SIR prior to Examiner action * | 112   | \$0.00 | <input type="checkbox"/> Requesting publication of SIR after Examiner action * | 113 | \$0.00 | <input type="checkbox"/> Extension for reply within first month | 215 | \$0.00 | <input type="checkbox"/> Extension for reply within second month | 216 | \$0.00                            | <input type="checkbox"/> Extension for reply within third month | 217 | \$0.00  | <input type="checkbox"/> Extension for reply within fourth month | 218                       | \$0.00 | <input type="checkbox"/> Extension for reply within fifth month | 228      | \$0.00 | <input type="checkbox"/> Notice of Appeal       | 219 | \$0.00 | <input type="checkbox"/> Filing a brief in support of an appeal | 220 | \$0.00  | <input type="checkbox"/> Request for oral hearing | 221 | \$0.00  | <input type="checkbox"/> Petition to institute a public use proceeding | 138          | \$0.00 | <input type="checkbox"/> Petition to revive - unavoidable | 240 | \$0.00   | <input type="checkbox"/> Petition to revive - unintentional | 241 | \$0.00 | <input type="checkbox"/> Utility issue fee (or reissue) | 242 | \$0.00 | <input type="checkbox"/> Design issue fee | 243 | \$0.00 | <input type="checkbox"/> Plant issue fee | 244 | \$0.00 | <input type="checkbox"/> Petitions to the Commissioner | 122 | \$0.00 | <input type="checkbox"/> Petitions related to provisional applications | 123 | \$0.00 | <input type="checkbox"/> Submission of Information Disclosure Stmt | 126 | \$0.00 | <input checked="" type="checkbox"/> Recording each patent assignment per property<br>Number of properties <span style="border: 1px solid black; padding: 0 5px;">1</span> | 581 | \$40.00 | <input type="checkbox"/> Filing a submission after final rejection (37 CFR 1.129(a)) | 246 | \$0.00 | <input type="checkbox"/> For each additional invention to be examined (37 CFR 1.129(b)) | 249 | \$0.00 | Other Fee (specify): |  |  | Other Fee (specify): |  |  | * Reduced by Basic Filing Fee Paid |  | SUBTOTAL (3) <span style="border: 1px solid black; padding: 2px;">\$40.00</span> |
| Fee Description   | Fee Code     | Fee Paid   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <input type="checkbox"/> Surcharge - late filing fee or oath  | 205          | \$0.00   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet.  | 227          | \$0.00   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <input type="checkbox"/> Non-English specification  | 139          | \$0.00   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <input type="checkbox"/> For filing a request for reexamination   | 147          | \$0.00   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <input type="checkbox"/> Requesting publication of SIR prior to Examiner action *   | 112          | \$0.00   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <input type="checkbox"/> Requesting publication of SIR after Examiner action *  | 113          | \$0.00   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <input type="checkbox"/> Extension for reply within first month   | 215          | \$0.00   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <input type="checkbox"/> Extension for reply within second month  | 216          | \$0.00   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <input type="checkbox"/> Extension for reply within third month   | 217          | \$0.00   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <input type="checkbox"/> Extension for reply within fourth month  | 218          | \$0.00   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <input type="checkbox"/> Extension for reply within fifth month   | 228          | \$0.00   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <input type="checkbox"/> Notice of Appeal   | 219          | \$0.00   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <input type="checkbox"/> Filing a brief in support of an appeal   | 220          | \$0.00   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <input type="checkbox"/> Request for oral hearing   | 221          | \$0.00   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <input type="checkbox"/> Petition to institute a public use proceeding  | 138          | \$0.00   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <input type="checkbox"/> Petition to revive - unavoidable   | 240          | \$0.00   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <input type="checkbox"/> Petition to revive - unintentional   | 241          | \$0.00   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <input type="checkbox"/> Utility issue fee (or reissue)   | 242          | \$0.00   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <input type="checkbox"/> Design issue fee   | 243          | \$0.00   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <input type="checkbox"/> Plant issue fee  | 244          | \$0.00   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <input type="checkbox"/> Petitions to the Commissioner  | 122          | \$0.00   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <input type="checkbox"/> Petitions related to provisional applications  | 123          | \$0.00   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <input type="checkbox"/> Submission of Information Disclosure Stmt  | 126          | \$0.00   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <input checked="" type="checkbox"/> Recording each patent assignment per property<br>Number of properties <span style="border: 1px solid black; padding: 0 5px;">1</span>   | 581          | \$40.00  |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <input type="checkbox"/> Filing a submission after final rejection (37 CFR 1.129(a))  | 246          | \$0.00   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <input type="checkbox"/> For each additional invention to be examined (37 CFR 1.129(b))   | 249          | \$0.00   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| Other Fee (specify):  |              |  |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| Other Fee (specify):  |              |  |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| * Reduced by Basic Filing Fee Paid  |              | SUBTOTAL (3) <span style="border: 1px solid black; padding: 2px;">\$40.00</span> |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <b>2. Payment Enclosed:</b><br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |              |  |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <b>FEE CALCULATION</b><br><input checked="" type="checkbox"/> Small Entity <input type="checkbox"/> Large Entity  |              |  |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <b>1. FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Fee Description</th> <th style="width: 10%;">Fee Code</th> <th style="width: 50%;">Fee Paid</th> </tr> </thead> <tbody> <tr><td><input checked="" type="checkbox"/> Utility filing fee</td><td>201</td><td>\$380.00</td></tr> <tr><td><input type="checkbox"/> Design filing fee</td><td>206</td><td>\$0.00</td></tr> <tr><td><input type="checkbox"/> Plant filing fee</td><td>207</td><td>\$0.00</td></tr> <tr><td><input type="checkbox"/> Reissue filing fee</td><td>208</td><td>\$0.00</td></tr> <tr><td><input type="checkbox"/> Provisional filing fee</td><td>214</td><td>\$0.00</td></tr> <tr> <td colspan="2" style="text-align: right;">SUBTOTAL (1)</td> <td style="border: 1px solid black; padding: 2px;">\$380.00</td> </tr> </tbody> </table>   |              |  |          | Fee Description  | Fee Code     | Fee Paid     | <input checked="" type="checkbox"/> Utility filing fee | 201             | \$380.00     | <input type="checkbox"/> Design filing fee | 206  | \$0.00 | <input type="checkbox"/> Plant filing fee | 207  | \$0.00 | <input type="checkbox"/> Reissue filing fee | 208  | \$0.00 | <input type="checkbox"/> Provisional filing fee | 214   | \$0.00 | SUBTOTAL (1) |   | \$380.00                                      |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| Fee Description   | Fee Code     | Fee Paid   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <input checked="" type="checkbox"/> Utility filing fee  | 201          | \$380.00   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <input type="checkbox"/> Design filing fee  | 206          | \$0.00   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <input type="checkbox"/> Plant filing fee   | 207          | \$0.00   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <input type="checkbox"/> Reissue filing fee   | 208          | \$0.00   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <input type="checkbox"/> Provisional filing fee   | 214          | \$0.00   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| SUBTOTAL (1)  |              | \$380.00   |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <b>2. CLAIMS</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 10%;">Number Filed</th> <th style="width: 10%;">Number Extra</th> <th style="width: 10%;">Fee</th> <th style="width: 40%;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>31</td> <td>11</td> <td>\$9</td> <td>\$99</td> </tr> <tr> <td>Independent Claims</td> <td>4</td> <td>1</td> <td>\$39</td> <td>\$39</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td></td> <td>0</td> <td>\$41</td> <td>\$0</td> </tr> <tr> <td colspan="5"><b>Fee Description      Fee Code      Fee</b></td> </tr> <tr> <td>Claims in excess of 20</td> <td></td> <td>203</td> <td>\$11.00</td> <td></td> </tr> <tr> <td>Independent claims in excess of 3</td> <td></td> <td>202</td> <td>\$41.00</td> <td></td> </tr> <tr> <td>Multiple dependent claims</td> <td></td> <td>204</td> <td>\$135.00</td> <td></td> </tr> <tr> <td>Reissue independent claims over original patent</td> <td></td> <td>209</td> <td>\$41.00</td> <td></td> </tr> <tr> <td>Reissue claims in excess of 20 and over original patent</td> <td></td> <td>210</td> <td>\$11.00</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2)</td> <td style="border: 1px solid black; padding: 2px;">\$138.00</td> </tr> </tbody> </table> |              |  |          |  | Number Filed | Number Extra | Fee  | Fee Paid        | Total Claims | 31   | 11   | \$9    | \$99                                      | Independent Claims   | 4      | 1   | \$39   | \$39   | Multiple Dependent Claims                       |   | 0      | \$41         | \$0   | <b>Fee Description      Fee Code      Fee</b> |        |  |     |        | Claims in excess of 20  |     | 203    | \$11.00  |     | Independent claims in excess of 3 |   | 202 | \$41.00 |  | Multiple dependent claims |        | 204   | \$135.00 |        | Reissue independent claims over original patent |     | 209    | \$41.00   |     | Reissue claims in excess of 20 and over original patent |   | 210 | \$11.00 |  | SUBTOTAL (2) |        |   |     | \$138.00 |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
|   | Number Filed | Number Extra   | Fee      | Fee Paid   |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| Total Claims  | 31           | 11   | \$9      | \$99   |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| Independent Claims  | 4            | 1  | \$39     | \$39   |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| Multiple Dependent Claims   |              | 0  | \$41     | \$0  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| <b>Fee Description      Fee Code      Fee</b>   |              |  |          |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| Claims in excess of 20  |              | 203  | \$11.00  |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| Independent claims in excess of 3   |              | 202  | \$41.00  |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| Multiple dependent claims   |              | 204  | \$135.00 |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| Reissue independent claims over original patent   |              | 209  | \$41.00  |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| Reissue claims in excess of 20 and over original patent   |              | 210  | \$11.00  |  |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |
| SUBTOTAL (2)  |              |  |          | \$138.00   |              |              |  |                 |              |  |  |        |   |  |        |   |  |        |   |   |        |              |   |   |        |  |     |        |   |     |        |  |     |                                   |   |     |         |  |                           |        |   |          |        |   |     |        |   |     |   |   |     |         |  |              |        |   |     |          |   |     |        |   |     |        |   |     |        |  |     |        |  |     |        |  |     |        |  |     |        |   |     |         |  |     |        |   |     |        |                      |  |  |                      |  |  |                                    |  |  |

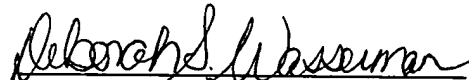
|                       |   |      |        |                                 |         |
|-----------------------|---|------|--------|---------------------------------|---------|
| <b>SUBMITTED BY</b>   |   |      |        | <b>Complete (if applicable)</b> |         |
| Typed or Printed Name | John E. Thomas  |      |        | Reg. Number                     | 34,070  |
| Signature             |  | Date | 9/8/99 | Deposit Account User ID         | 03-3875 |

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